

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01483

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: 1109 MAINTENANCE CORPORATION, INC.

**Current Principal Place of Business:**

ATTN: A. SANTANGINI  
1109 NORTHWEST 23RD AVENUE, B  
GAINESVILLE, FL 32609 US

**New Principal Place of Business:**

**Current Mailing Address:**

ATTN: A. SANTANGINI  
1109 NORTHWEST 23RD AVENUE, B  
GAINESVILLE, FL 326093462

**New Mailing Address:**

FEI Number: 59-2878084

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SANTANGINI, ANDREW V JR  
1109 NW 23RD AVENUE  
SUITE B  
GAINESVILLE, FL 32609 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: NEIRA, TEODORO A  
Address: 2950 SW ARCHER RD, STE B  
City-St-Zip: GAINESVILLE, FL 32608

Title: PD ( ) Delete  
Name: SANTANGINI, ANDREW V MAI  
Address: 1109 NW 23RD AVE STE B  
City-St-Zip: GAINESVILLE, FL 32609

Title: D ( ) Delete  
Name: RUTAN, LAURA  
Address: 1109 NW 23RD AVE STE B  
City-St-Zip: GAINESVILLE, FL 32609

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREW V. SANTANGINI, JR.

PD

04/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date